

Title 15: Mississippi State Department of Health

Part 9: Office of Health Policy and Planning

Subpart 95: APPALACHIAN REGIONAL COMMISSION “ARC” J-1 VISA WAIVER GUIDELINES

Chapter 1. APPALACHIAN REGIONAL COMMISSION “ARC” J-1 VISA WAIVER GUIDELINES

Subchapter 1. INTRODUCTION

- Rule 1.1.1. The Mississippi State Department of Health (MSDH) is committed to assuring that all Mississippi residents have access to quality, affordable health care. The Mississippi Office of Rural Health and Primary Care reviews applications and makes recommendations to the Appalachian Regional Commission, hereafter referred to as the “ARC”, in regards to the primary care J-1 visa waiver placements within that region of the state. The applications will be reviewed for completeness, and inclusion of all appropriate documentation, as required by the federal agency.
1. The primary purpose of the Mississippi J-1 Visa Waiver Programs is to improve access to primary health care in physician shortage areas in Mississippi and secondarily, to needed specialty care, by sponsoring physicians holding J-1 Visas.
 2. The State of Mississippi recognizes that the J-1 Visa Waiver Program affords J-1 Visa holders the privilege of waiving their two-year foreign residency requirement in exchange for providing primary or specialty medical care in designated health professional shortage areas.
 3. The provision of assistance to the ARC in the administration of this program is designed to be consistent with the federal requirements of the program resulting in added benefits to the State of Mississippi.
 4. The purpose of the following Guidelines is to articulate the conditions under which the State of Mississippi will provide a recommendation to the ARC.
 5. Health care facilities/sites interested in employing J-1 Visa Waiver physicians must submit a "Site Predetermination Application" to the Mississippi Office of Rural Health and Primary Care, prior to developing a complete ARC 30 J-1 Visa Waiver Application to determine if the proposed J-1 physician placement will qualify for the Program.
 6. The recommendations provided to the ARC will in no way interfere with placements through the “Conrad State 30 Program”. The Mississippi J-1 Visa

Waiver Program through the "Conrad State 30 Program" is a separate and distinct program from any other program and is an additional program to any now operating within the State of Mississippi.

7. The Mississippi State Department of Health's Guidelines are completely discretionary, voluntary, and may be modified or terminated at any time. The submission of a complete waiver package to the MSDH does not ensure an automatic waiver recommendation. In all instances, MSDH reserves the right to recommend or deny any request for a waiver.
8. Definition of a Health Professional Shortage Area (HPSA)* - Section 332 of the Public Health Service Act provides that the Secretary of Health and Human Services shall designate HPSAs based on criteria established by regulation. HPSAs are defined to include geographical areas - urban and rural, population groups, and facilities with shortages of primary health care and mental health providers.

SOURCE: Miss. Code Ann. §41-3-17

- Rule 1.1.2. Geographical Area Designated HPSAs - Three basic determinations are required for this request: (1) the geographical area involved must be rational for the delivery of health services, (2) a specified population-to-practitioner ratio representing shortage must be exceeded within the area, and (3) resources in contiguous areas must be shown to be over utilized, excessively distant, or otherwise accessible.

SOURCE: Miss. Code Ann. §41-3-17

- Rule 1.1.3. Population Designated HPSAs - Requests for a J-1 physician to practice in a population-designated HPSA must include evidence that at least 51 percent of the facility's patients are members of the designated population.

SOURCE: Miss. Code Ann. §41-3-17

- Rule 1.1.4. Facility Designated HPSAs - This applies to correctional facilities and state mental hospitals. Some public and non-profit private facilities located outside designated HPSAs may be designated if they are shown to be accessible to and serving a designated geographic area or population group HPSA.

SOURCE: Miss. Code Ann. §41-3-17

- Rule 1.1.5. Definitions obtained from the Office of Shortage Designation in Bethesda, Maryland
1. An Employer/Medical Facility eligible to recruit and hire J-1 Visa physicians through the Program must be a facility that meets one of the following criteria:

- a. a public health facility, an ambulatory medical facility, a community health center, a community mental health center; or
- b. a hospital or state mental hospital.

SOURCE: Miss. Code Ann. §41-3-17

Subchapter 2. GENERAL GUIDELINES:

Rule 1.2.1. The State of Mississippi is prepared to make recommendations to the ARC on behalf of Mississippi health care facilities for physicians holding J-1 Visas for the purpose of waiving the two-year foreign residency requirement. All conditions of the following ARC and Mississippi J-1 Visa Waiver policies/guidelines must be met. Employers are encouraged to impose additional provisions in order to assure that the delivery of care is consistent with their facility's policies.

1. Physicians who have completed a U.S. residency training program in family practice, general internal medicine, general pediatrics, and obstetrics/gynecology are considered to be primary care physicians. Psychiatrists are also considered for the program. Physicians with other specialties are not considered to be primary care physicians for the purpose of this program.
2. The medical facility or practice must be located in a county or portion of county currently designated by the United States Department of Health and Human Services as a HPSA for primary medical care or mental health, in the case of the recruitment of psychiatrists.
3. All requests must be fully documented as to the need for the primary care or specialty physician in the community. At a minimum, include the following:
 - a. a geographic description or rural character of the service area;
 - b. a description of the unmet need (such as gaps in service, waiting times, environmental factors, ethnic health care issues, etc.) within the community; discussions of barriers to the specific medical service or unique circumstances in regards to environment, community or service; percentage of medically indigent patients served by the site, not including Medicare or Medicaid patients; and how the J-1 Visa physician will satisfy and reduce the unmet need; and
 - c. a list of all health care resources in the community, i.e., primary care clinics, hospitals, number of primary care physicians by specialty and other specialists if a specialty other than primary care is being requested. A list of primary care/psychiatric physicians, including J-1 and H-1B, and

loan repayment physicians, currently practicing in the HPSA must also be included.

- d. a description of the activities that have occurred to recruit a U. S. physician. Refer to the “Recruitment” section for specifics.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.2.2. Only the number of physicians needed to eliminate the physician shortage will be recommended. The number of J-1 physicians approved for placement within a currently designated HPSA will generally be limited to the threshold, i.e. the number of additional primary care physicians needed for the area to meet a population-to-physician ratio of 3000:1. Consideration will be given to placement of physicians in areas which do not meet the threshold requirement if there is a documented critical need for a particular primary care specialty. All full-time equivalent U. S. primary care providers and foreign providers, placed through the J-1 Visa Waiver programs, will be counted when determining threshold capacity.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.2.3. Waiver requests must be submitted by the employer or the employer’s representative. All employment contracts must be between the sponsoring employer and the J-1 Visa physician.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.2.4. The facility or practice where the J-1 physician will work must have been operational at least six months at the time the waiver request is submitted. Evidence should include the business license and occupancy permit, facility address, fax and telephone numbers, staffing list. Exceptions may be considered.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.2.5. The facility or practice must accept all patients regardless of ability to pay. The sponsoring entity must agree to provide services to individuals without discriminating against them because (a) they are unable to pay for those services and/or (b) payment for those health services will be made under Medicare and Medicaid. The sponsor may charge no more than the usual and customary rate prevailing in the HPSA in which services are provided.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.2.6. The facility must post a schedule of discounts or an adopted sliding fee scale in its waiting room. Charges must be discounted for persons at or below 200 percent of poverty level. If the person is unable to pay the charge, such person shall be charged at a reduced rate in accordance with an adopted and utilized policy or not

charged at all. The notice in the waiting room must contain at least the information set forth in the sample notice provided in this application package.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.2.7. The J-1 Visa physician must accept assignment under Section 1842 (b)(3)(ii) of the Social Security Act as full payment for all services for which payment may be made under Part B of Title XVIII of such act (Medicare).

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.2.8. The J-1 Visa physician must enter into an appropriate agreement with the Mississippi state agency which administers the state plan for medical assistance under Title XIX of the Social Security Act (Medicaid) to provide services to individuals entitled to medical assistance under the plan.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.2.9. The employer must make known to the HPSA community that the J-1 physician will comply with the terms and conditions stated in the Guidelines by posting a notice in a conspicuous place in the waiting area of the practice stating that all patients will be seen regardless of their ability to pay.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.2.10. The waiver request must include support letters from the majority of the local practicing physicians, area hospital administrator(s) and community leaders.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.2.11. The physician must not have been "out of status" (as defined by the Immigration and Naturalization Service of the United States Department of Justice) for more than 180 days since receiving a visa under 8 USC 1182 (j) of the Immigration and Nationality Act, as amended. The physician shall provide the FCC all copies of his or her Certificates of Eligibility for Exchange Visitor (J-1) Status forms and every other document needed to verify status, including a copy of the federal J Waiver Visa Recommendation Application. The name of the foreign trained provider must be provided during the initial "Site Predetermination Application" process in order to remain compliant with this requirement.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.2.12. A statement in writing is required indicating that the home government has no objection to the waiver if the physician's medical education or training has been funded by the government of the graduate's home country. He or she should obtain this statement from the physician's embassy in Washington or home

country. The "No Objection" statements for these physicians should contain the following or similar language: *"Pursuant to Public Law 103-416, the Government of (Country) has no objection if (name and address of the foreign medical graduate) does not return to (Country) to satisfy the two-year foreign residence requirement of 212(e) of the Immigration and Nationality Act (INA)."*

SOURCE: Miss. Code Ann. §41-3-17

- Rule 1.2.13. The J-1 physician and his/her employer must, on commencement of practice and annually thereafter through the contract period, verify the physician's practice site address and field of practice. The reporting can be submitted on the "J-1 Visa Physician Verification of Employment Form" contained in this application packet. The first report must be submitted within 30 days. For population based HPSAs, documentation that the population the foreign physician was placed there to serve was indeed served must be submitted. The final report must indicate whether the J-1 physician intends to remain in the shortage area to practice. Failure to submit accurate reports in a timely manner that complies with the Mississippi J-1 Visa Waiver Guidelines will jeopardize future recommendations for J-1 Visa physician placements. These verification forms will be shared with the ARC.

SOURCE: Miss. Code Ann. §41-3-17

- Rule 1.2.14. Job transfers must be approved by MSDH before the transfer occurs so that it can be determined if the new area is rural and still underserved. Refer to "Transfer" section for related procedures and minimum requirements.

SOURCE: Miss. Code Ann. §41-3-17

- Rule 1.2.15. The Site Predetermination Application must include a HIV test result and evidence of screening for latent and active tuberculosis. The tuberculosis screening must include: a tuberculosis signs and symptom assessment by a licensed physician or nurse practitioner; testing for infection performed by an interferon gamma release assay (IGRA) when reasonably available or a Mantoux tuberculin skin test (TST) when the IGRA is not available; and a chest x-ray with a written interpretation. Both the HIV test result and tuberculosis screening must have occurred within the past 6 months prior to the submission date of the Site Predetermination Application, with the exception, of the IGRA and TST if documentation of current or previous tuberculosis treatment completion is provided with the submission. A MSDH approved plan for treatment and an approved provision for payment of testing, treatment, and follow-up for a J-1 physician showing signs of active tuberculosis.

SOURCE: Miss. Code Ann. §41-3-17

- Rule 1.2.16. National Interest Waiver Requests will be considered only for those J-1 Visa Waiver applications that have been reviewed and/or recommendations made in regards to Mississippi's Conrad State 30, the Appalachian Regional Commission,

and the Department of Agriculture's programs. Refer to "National Interest Waiver Letter Requests" section for specific policies and procedures.

SOURCE: Miss. Code Ann. §41-3-17

Subchapter 3. EMPLOYMENT CONTRACT:

Rule 1.3.1. The J-1 physician is responsible for locating and negotiating a contract for a minimum of three (3) years and preferably four (4) years (unless the service requirement is amended) to provide care a minimum of 40 hours per week, as a primary care physician or psychiatrist in a federally designated HPSA in Mississippi. The 40 hours must be performed during normal office hours, or hours which best suit the needs of the community, and may not be performed in less than four (4) days a week. A weekly schedule must be included in all waiver requests. It is recommended that each party have its own legal representation in preparation of the contract.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.3.2. The J-1 physician must be board eligible in his/her field of practice and eligible for Mississippi licensure.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.3.3. By regulation (Immigration and Nationality Act, as amended, section 214(k)(1) [8U.S.C. §1184 (k)(1)]), the J-1 physician must commence practice within 90 days of receiving a waiver.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.3.4. The J-1 Visa physician must agree in writing that he or she will begin employment within 90 days of receiving a waiver; and a statement from the J-1 Visa physician regarding planned commitment to the community should be provided.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.3.5. The ARC will be notified if a J-1 physician is found not to have reported or not be practicing medicine a minimum of 40 hours per week in the location for which the recommendation was made.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.3.6. MSDH must be notified when the J-1 physician does not report for duty.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.3.7. The employer and/or J-1 physician must notify MSDH of breach or termination of contract.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.3.8. For the statutorily-required 3 years, there can be no changes to the contract that would result in the J-1 physician leaving the agreed-upon site and treating the patients he/she has agreed to treat in the manner agreed upon, unless the contract of resulting transfer has been submitted to the MSDH and approved by the ARC.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.3.9. The contract should not state commencement or expiration dates. It is a tentative contract based on the application being approved through ARC, U.S. Department of State and INS.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.3.10. A non-competition clause or any provision that purports to limit the J-1 physician's ability to remain in the area upon completion of the contract term is prohibited by regulation.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.3.11. The contract must include a liquidation damages clause as required by the ARC. Specific wording to be included in the contract is included in this packet. However, any clauses that would require the J-1 physician to pay a sum to the employer for experience gained on the job or for the J-1 physician remaining in the area after the contract has ended are not allowed.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.3.12. Include in all employment contracts the following information:

1. guaranteed 3-year base salary
2. benefits
3. Insurance
4. field of practice, practice site name and address for 40 hours for at least 4 days per week, not including travel and on-call time; days and hours on site, if multiple sites.
5. leave (annual, sick, continuing medical education, holidays)

6. commencement date begins within 90 days of receipt of J-1 visa waiver
7. statement that amendments shall adhere to ARC and Federal J-1 visa waiver requirements

SOURCE: Miss. Code Ann. §41-3-17

Subchapter 4. RECRUITMENT:

Rule 1.4.1. The medical facility must provide evidence that other avenues, regionally and nationally, to secure a physician not bound by the 2-year home residence requirement have been undertaken over a period of at least the six (6) months prior to the submission date of the Site Predetermination Application.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.4.2. Recruitment efforts must include regional and national print advertising, and certified letters to at least four medical schools. Recruitment information must state the position available and the practice site location.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.4.3. Ads run at the time of or after submission of the Site Predetermination Application are not usable.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.4.4. Documentation of recruitment efforts must include:

1. Copies of the regional and national print advertising ads (copies of ads must show publication date).
2. On line ads must show the date the ad was on line.
3. Copies of at least four (4) certified letters to medical schools.
4. Advertising bill and payment receipts may be included.
5. Include copies of recruitment firm contracts, if applicable.
6. Copies of CVs/resumes submitted in response to recruitment efforts.
7. Names of non-foreign physicians applying and/or interviewed and detailed justification on reasons not hired.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.4.5. The sponsoring health care facility is required to publish a legal notice in their local newspaper and a state newspaper of general circulation in accordance with the following format. The Proof of Publication of this notice must be submitted with the Site Predetermination Application.

1. (Name of J-1 sponsoring facility and complete mailing address) is requesting that the Mississippi State Department of Health support a J-1 Visa waiver of the two-year foreign residency requirement of (physician name) in exchange for (Primary Care or Specialty Care) health services to (name of underserved area), an underserved area of the state, if approved by the U.S. Department of State.
2. Letters of support or opposition can be sent to (name of J-1 sponsoring facility, or to the Director, Office of Rural Health and Primary Care, Mississippi State Department of Health, P.O.Box 1700, Jackson, MS 39215-1700. Any interested party should submit their letter within 21 calendar days of the date of this publication.
3. Copies of letters may be obtained from (name of J-1 sponsoring facility) or the Office of Rural Health and Primary Care at the Mississippi State Department of Health.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.4.6. Priority hire must be given to physicians other than J-1 physicians (presumably H-1Bs) who apply for the waiver job and are qualified. The employer must show that hiring a J-1 physician is a last resort.

SOURCE: Miss. Code Ann. §41-3-17

Subchapter 5. PROHIBITIONS:

Rule 1.5.1. MSDH will not consider recommendations when any of the provisions of Section 2 GENERAL GUIDELINES have not been met and under the following circumstances:

1. Preliminary determinations over the telephone prior to final review of the Site Predetermination being completed.
2. Exceptions to or interpretations of these policies which have occurred without the written approval of the Federal sponsoring agency or its designee.
3. Medical facilities located in those counties which are a part of the Appalachian Regional Commission are not eligible to recruit primary care J-1 Visa physicians through the Program, with the exception of psychiatrists and specialists.
4. Practice arrangements or contractual obligations entered into by the foreign physician prior to a recommendation being made to the federal agency or

approval being given through the J-1 Visa Waiver application process, by the federal agency.

5. Requests from areas/populations that have become fully served due to sufficient placement of physicians, unless a previously recommended J-1 physician has left the area or for replacement of local physicians who have discontinued practice in a designated area. Exceptional circumstances will be reviewed on a case-by-case basis.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.5.2. Requests from an employer who is a former J-1 physician currently fulfilling his/her required 3-year obligation.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.5.3. A waiver for a relative or acquaintance of the employer.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.5.4. A J-1 physician showing signs of active tuberculosis without a MSDH approved plan for treatment and an approved provision for payment of testing, treatment, and follow-up.

SOURCE: Miss. Code Ann. §41-3-17

Subchapter 6. TRANSFERS:

- Rule 1.6.1. The following guidelines and procedures apply for J-1 Visa physicians transferring from one HPSA to another, from one organization to another, or within the same HPSA. A “Transfer Notification Form” is included in this application packet. A minimum two year commitment by the J-1 Visa physician to practice in the new site is required.
1. The proposed transfer site must meet all of the eligibility and program requirements. Completion of a Site Predetermination Application will be required for those transferring to a HPSA (if not the same HPSA) or to a new sponsoring facility organization.
 2. The foreign physician shall make no plans for a transfer or moving of personal possessions until the PCO and the federal sponsoring agency has reviewed and/or approved the request.
 3. The J-1 physician retains sole responsibility for notifying their current employer of the intent to transfer, and payment of any financial penalty caused by a breach of contract, as determined by the original or current employer or as specified in their employment contract.

4. If the foreign provider is being retained by the original employer, and is being transferred to another HPSA to better serve the residents of Mississippi, the new community's population to patient ratio must exceed the 3000:1 threshold requirement, and need for the foreign provider in the community must be documented.
 - a. Responsibility of the J-1 Visa Physician:
 - i. Notify the Primary Care Office, in writing, who will intervene on the health care facilities behalf to the federal sponsoring agency, of the intent to transfer the J-1 physician, detailing the reason for the transfer; and a statement acknowledging agreement to the proposed transfer, if applicable.
 - ii. Provide the Primary Care Office with the new practice site, address, telephone number, employer, hours of work, and proposed date of transfer; and
 - iii. The new site must meet all requirements of the Program Guidelines.
 - b. Responsibility of First Employer:
 - i. Provide a letter to the Primary Care Office releasing the J-1 Visa physician from employment; and/or
 - ii. Provide an explanation for transfer or termination of contract.
 - c. Responsibility of Second Employer:
 - i. Provide a letter to the Primary Care Office of the intent to employ the J-1 Visa physician;
 - ii. Provide the Primary Care Office with a copy of the employment contract; and
 - iii. Provide in writing, with documentation, that the new site meets the eligibility requirements in the Mississippi J-1 Visa Waiver Guidelines and the federal agency sponsoring the J-1 visa waiver.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.6.2. For the foreign physician transferring from another state to a HPSA in Mississippi, the following must be provided:

1. A Site Predetermination Application must be completed. If an approval is provided, a complete J-1 Visa Waiver application must be submitted, to include a recommended four (4) year employment contract.
2. The foreign provider must obtain a Mississippi medical license prior to commencing practice.

SOURCE: Miss. Code Ann. §41-3-17

Subchapter 7. FOREIGN PHYSICIANS RELEASED DUE TO TERMINATION, MUTUAL RELEASE, OR DEATH:

- Rule 1.7.1. The PCO must be informed in writing by the sponsoring employer of the following circumstances:
1. the sponsoring employer determines that there is reasonable cause to terminate the employment contract of a foreign provider;
 2. the employer and foreign provider mutually agree to the release from employment;
 3. there are no funds to reimburse the foreign provider for their services; or
 4. there is a loss due to the death of the foreign provider.

SOURCE: Miss. Code Ann. §41-3-17

- Rule 1.7.2. PCO will assist, in a limited way, the sponsoring employer and foreign physician in resolving termination disputes. However, PCO will assume no position in the dispute.

SOURCE: Miss. Code Ann. §41-3-17

- Rule 1.7.3. PCO will assist, in a limited way, the foreign provider in securing another position in the state.

SOURCE: Miss. Code Ann. §41-3-17

Subchapter 8. NATIONAL INTEREST WAIVER (NIW) LETTER REQUESTS:

- Rule 1.8.1. The following policies apply to foreign medical physicians applying for National Interest Waiver Letter Recommendations. The Office of the State Health Officer maintains the responsibility within the state of recommending and processing, through its Mississippi Office of Rural Health and Primary Care, NIW requests. Requests will only be considered for primary care physicians. The waiver request

must include a HIV test result and evidence of screening for latent and active tuberculosis. The tuberculosis screening must include: a tuberculosis signs and symptom assessment by a licensed physician or nurse practitioner; testing for infection performed by an interferon gamma release assay (IGRA) when reasonably available or a Mantoux tuberculin skin test (TST) when the IGRA is not available; and a chest x-ray with a written interpretation. Both the HIV test result and tuberculosis screening must have occurred within the past 6 months prior to the submission date of the waiver request, with the exception, of the IGRA and TST if documentation of current or previous tuberculosis treatment completion is provided with the submission.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.8.2. A MSDH approved plan for treatment and an approved provision for payment of testing, treatment, and follow-up for a J-1 physician showing signs of active tuberculosis.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.8.3. A NIW support letter for a foreign-trained physician will be given consideration when a physician has completed the original contract agreement or has been in the employment contract with the sponsoring medical facility or medical provider for a minimum of two years of the obligation period.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.8.4. The facility or geographical area in which the foreign physician's placement will occur must be currently designated as a Mississippi health professional shortage area (HPSA) by the federal government.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.8.5. A current letter of support from the health facility or medical provider who has sponsored the original J-1 or H1-B Visa Waiver must be provided which indicates that the foreign physician placement has resulted in an acceptable or satisfactory condition to support the delivery of primary care services. The letter must also provide the start and ending dates of the service obligation.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.8.6. A copy of the proposed contract to meet the five year full time employment service obligation required by the NIW regulations.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.8.7. If the foreign physician seeking a NIW support letter has not completed the original contract terms, the foreign physician must provide a statement, dated and

signed by the foreign physician, that he/she agrees to meet the original obligations of the employment contract entered as PL 106-95 does not change the foreign physician's obligation of the original contract terms. The statement must include the start and ending dates of the original service obligation.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.8.8. Foreign physicians requesting a NIW support letter that have completed the original contract terms and who will be working at a new sponsoring facility must provide a support letter from the new sponsoring facility. The letter must include information about the proposed start and end date to meet the five year full time employment service obligation required by the NIW regulations. These foreign physicians must also submit support letters from the local medical community of the area of the new sponsoring facility.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.8.9. Foreign physicians (including those not processed through the Mississippi Office of Rural Health and Primary Care) must receive NIW support letters through the Office of the State Health Officer, through its Mississippi Office of Rural Health and Primary Care.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.8.10. In addition to items 1 through 6 and 8, J-1 and H1-B physicians (who were not processed through the Mississippi Office of Rural Health and Primary Care) seeking NIW support letters must submit a copy of their CV, license and board certification.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.8.11. In addition to items 1 through 6, 8 and 9, J-1 and H1-B physicians (who were not processed through the Mississippi Office of Rural Health and Primary Care) must provide a support letter from the sponsoring facility for the NIW in Mississippi. The letter must include information about the proposed start and end date to meet the five year full time employment service obligation required by the NIW regulations. These foreign physicians must also submit support letters from the local medical community of the area of the new sponsoring facility in Mississippi.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.8.12. In addition to items 1 through 6, 8, 9 and 10, J-1 physicians (who were not processed through the Mississippi Office of Rural Health and Primary Care) seeking NIW support letters must submit a copy of the waiver approval recommendation letter from the Waiver Review Division of the United States Department of State and a letter of support from the interested government agency that sponsored the foreign medical graduate. The support letter should state that the foreign medical graduate's service was in the public interest and that his/her

placement resulted in acceptable (or satisfactory) conditions to support the delivery of primary or specialty care.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.8.13. In addition to items 1 through 6, 8, 9 and 10, H1-B physicians (who were not processed through the Mississippi Office of Rural Health and Primary Care) seeking NIW support letters must submit a copy of the approval of the Petition for Nonimmigrant Worker form for the foreign physician.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.8.14. A NIW support letter will not be provided when circumstances present that a foreign physician has transferred to a work site other than the original placement without notification to the appropriate interested government agency.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.8.15. The NIW support letter will be addressed to the entity who requests the letter, either the individual foreign physician or the designated representative.

SOURCE: Miss. Code Ann. §41-3-17

Chapter 2. CERTIFICATION OF COMPLIANCE WITH THE MISSISSIPPI J-1 VISA WAIVER PROGRAM

Rule 2.1.1. The Primary Care Office will review each waiver application to ensure that the proposed placement will not affect the practice of a U.S. physician or compromise delivery of health care in the HPSA service area. *A Site Predetermination Application is required to determine if the proposed site will qualify for a J-1 Visa Waiver placement.*

SOURCE: Miss. Code Ann. §41-3-17

Rule 2.1.2. The Mississippi State Department of Health is wholly responsible for the interpretation of these Guidelines. The MSDH assumes no responsibility for future actions taken by the Federal Sponsoring Agency or any potential investigation that may be conducted by the Office of Inspector General or any other governmental agency.

SOURCE: Miss. Code Ann. §41-3-17

Rule 2.1.3. The factors that will determine approval or denial will be based on, but not limited to, the following:

1. Physician to population ratio of 1:3000 in the HPSA service area, including practicing National Health Service Corps physicians and J-1 physicians serving their commitments;
2. Verification that the employer has a written policy that states that the J-1 Visa physician will accept all patients regardless of their ability to pay and utilize a schedule of discounts or sliding fee scale. A schedule of discounts or sliding fee scale is not required for specialist placements;
3. The J-1 Visa physician's commitment to practice primary care exclusively if the placement is to provide primary care even though he/she may have had sub-specialty training;
4. The foreign trained physician is committed to the area and working with the system of care that is within the service area, and
5. Assurance that the proposed services to be delivered by the J-1 physician does not have an adverse effect on other programs and policies of the state of Mississippi.

SOURCE: Miss. Code Ann. §41-3-17

Title 15: Mississippi State Department of Health

Part 9: Office of Health Policy and Planning

Subpart 96: MISSISSIPPI CONRAD STATE 30 J-1 VISA WAIVER GUIDELINES

Chapter 1. Mississippi Conrad State 30 J-1 Visa Waiver Guidelines

Subchapter 1. INTRODUCTION

Rule 1.1.1. The Mississippi State Department of Health (MSDH) is committed to assuring that all Mississippi residents have access to quality, affordable health care. The Office of the State Health Officer maintains the responsibility within the state of recommending and processing, through its Mississippi Office of Rural Health and Primary Care, J-1 Visa waiver requests for the United States Information Agency's (USIA) "Conrad State 30 Program".

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.1.2. The primary purpose of the Mississippi J-1 Visa Waiver Program through the "Conrad State 30 Program" is to improve access to primary health care in physician shortage areas in Mississippi and secondarily, to needed specialty care, by sponsoring physicians holding J-1 Visas.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.1.3. Health care facilities/sites interested in employing J-1 Visa Waiver physicians must submit a "Site Predetermination Application" to the Mississippi Office of Rural Health and Primary Care, prior to developing a complete Mississippi Conrad State 30 J-1 Visa Waiver Application to determine if the proposed J-1 physician placement will qualify for the Program.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.1.4. A non-refundable processing fee of \$1,500.00 is required to process a complete Mississippi Conrad State 30 J-1 Visa Waiver Application. A check or money order from the sponsoring facility should be made payable to the Mississippi State Department of Health and submitted with the complete Mississippi Conrad State 30 J-1 Visa Waiver Application. No complete Mississippi Conrad State 30 J-1 Visa Waiver Application will be processed without payment of the processing fee. The US Department of State requires that the J-1 Visa Waiver Data Sheet DS-3035 be submitted to the appropriate address contained in the Department's policies, along with their required user processing fee and two self-addressed, stamped, legal-size envelopes. For additional information, contact the US Department of State or visit their website.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.1.5. The USIA file number must be placed on each page of the Mississippi Conrad State 30 J-1 Visa Waiver Application.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.1.6. The State of Mississippi recognizes that the J-1 Visa Waiver Program through the "Conrad State 30 Program" affords J-1 Visa holders the privilege of waiving their two-year foreign residency requirement in exchange for providing primary or specialty medical care in designated health professional shortage areas.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.1.7. The operation of the Mississippi J-1 Visa Waiver Program through the "Conrad State 30 Program" is designed to be consistent with other health care programs and policies of the State of Mississippi.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.1.8. The purpose of the following Guidelines is to articulate the conditions under which the State of Mississippi will request a waiver for physicians holding J-1 Visas through the "Conrad State 30 Program". Information on currently designated health professional shortage areas (HPSAs) for primary medical care or mental health recommendations will be provided upon request. Medical facilities located in those counties which are a part of the Appalachian Regional Commission are not eligible to recruit primary care J-1 Physicians through the program, with the exception of psychiatrists and specialists.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.1.9. The review cycle begins upon MSDH receipt of the Site Pre-Determination Application and must be concluded within 180 days.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.1.10. The operation of the Mississippi J-1 Visa Waiver Program through the "Conrad State 30 Program" will in no way interfere with any other J-1 Visa Waiver Program including, but not limited to, placements through the MSDH Mississippi Office of Rural Health and Primary Care for the Appalachian Regional Commission. The Mississippi J-1 Visa Waiver Program through the "Conrad State 30 Program" is a separate and distinct program from any other program and is an additional program to any now operating within the State of Mississippi.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.1.11. The Mississippi State Department of Health's Guidelines are completely discretionary, voluntary, and may be modified or terminated at any time. The submission of a complete waiver package to the MSDH does not ensure an

automatic waiver recommendation. In all instances, MSDH reserves the right to recommend or deny any request for a waiver.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.1.12. Definition of a Health Professional Shortage Area (HPSA)* - Section 332 of the Public Health Service Act provides that the Secretary of Health and Human Services shall designate HPSAs based on criteria established by regulation. HPSAs are defined to include geographical areas - urban and rural, population groups, and facilities with shortages of primary health care and mental health providers.

1. Geographical Area Designated HPSAs - Three basic determinations are required for this request: (1) the geographical area involved must be rational for the delivery of health services, (2) a specified population-to-practitioner ratio representing shortage must be exceeded within the area, and (3) resources in contiguous areas must be shown to be over utilized, excessively distant, or otherwise accessible.
2. Population Designated HPSAs - Requests for a J-1 physician to practice in a population-designated HPSA must include evidence that at least 51 percent of the facility's patients are members of the designated population.
3. Facility Designated HPSAs - This applies to correctional facilities and state mental hospitals. Some public and non-profit private facilities located outside designated HPSAs may be designated if they are shown to be accessible to and serving a designated geographic area or population group HPSA.
4. *Definitions obtained from the Office of Shortage Designation in Bethesda, Maryland

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.1.13. An Employer/Medical Facility eligible to recruit and hire J-1 Visa physicians through the Program must be a facility that meets one of the following criteria:

1. a public health facility, an ambulatory medical facility, a community health center, a community mental health center; or
2. a hospital or state mental hospital.

SOURCE: Miss. Code Ann. §41-3-17

Subchapter 2. GENERAL GUIDELINES:

Rule 1.2.1. The State of Mississippi is prepared to request through the Program waivers for physicians holding J-1 Visas for the purpose of waiving the two-year foreign residency requirement. All conditions of the following Mississippi Conrad State

30 J-1 Visa Waiver Guidelines must be met. Employers are encouraged to impose additional provisions in order to assure that the delivery of care is consistent with their facility's policies.

1. Physicians who have completed a U.S. residency training program in family practice, general internal medicine, general pediatrics, and obstetrics/gynecology are considered primary care physicians and are eligible to participate in Mississippi's "Conrad State 30" J-1 Visa Waiver Program. Psychiatrists may also be considered for the program. Physicians with other specialties are not considered to be primary care physicians for the purpose of the Program.
2. Physicians trained in other specialties may be considered for placement in designated areas of shortage in accordance with the addendum section for specialists of the Mississippi Conrad State 30 J-1 Visa Waiver Application.
3. It is recognized that emergency rooms are utilized for primary care services by some populations. Requests for emergency room physicians will be considered, however, as a specialty and will require documentation that primary care services are inadequate within the service area.
4. The medical facility or practice must be located in a county or portion of county currently designated by the United States Department of Health and Human Services as a HPSA for primary medical care or mental health, in the case of the recruitment of psychiatrists.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.2.2. All requests must be fully documented as to the need for the primary care or mental health physician in the community. At a minimum, include the following:

1. a geographic description or rural character of the service area;
2. a description of the unmet need (such as gaps in service, waiting times, environmental factors, ethnic health care issues, etc.) within the community; discussions of barriers to the specific medical service or unique circumstances in regards to environment, community or service; percentage of medically indigent patients served by the site, not including Medicare or Medicaid patients; and how the J-1 Visa physician will satisfy and reduce the unmet need;
3. a list of all health care resources in the community, i.e., primary care clinics, hospitals, number of primary care physicians by specialty. A list of primary care/psychiatric physicians, including J-1 and H-1B, and loan-repayment physicians, currently practicing in the HPSA must also be included; and
4. a description of the activities that have occurred to recruit a U. S. physician. Refer to the "Recruitment" section for specifics.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.2.3. Only the number of physicians needed to eliminate the physician shortage will be recommended. The number of J-1 physicians approved for placement within a currently designated HPSA will generally be limited to the threshold, i.e. the number of additional primary care physicians needed for the area to meet a population-to-physician ratio of 3000:1. Consideration will be given to placement of physicians in areas which do not meet the threshold requirement if there is a documented critical need for a particular primary care specialty. All full-time equivalent U. S. primary care providers and foreign providers, placed through the J-1 Visa Waiver programs, will be counted when determining threshold capacity.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.2.4. Waiver requests must be submitted by the employer or the employer's representative. All employment contracts must be between the sponsoring employer and the J-1 Visa physician.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.2.5. The facility or practice where the J-1 physician will work must have been operational at least six months at the time the waiver request is submitted. Evidence should include the business license and occupancy permit, facility address, fax and telephone numbers, staffing list. Exceptions may be considered.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.2.6. The facility or practice must accept all patients regardless of ability to pay. The sponsoring entity must agree to provide services to individuals without discriminating against them because (a) they are unable to pay for those services and/or (b) payment for those health services will be made under Medicare and Medicaid. The sponsor may charge no more than the usual and customary rate prevailing in the HPSA in which services are provided.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.2.7. The facility must post a schedule of discounts or an adopted sliding fee scale in its waiting room. Charges must be discounted for persons at or below 200 percent of poverty level. If the person is unable to pay the charge, such person shall be charged at a reduced rate in accordance with an adopted and utilized policy or not charged at all. The notice in the waiting room must contain at least the information set forth in the sample notice provided in this application package.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.2.8. The J-1 Visa physician must accept assignment under Section 1842 (b)(3)(ii) of the Social Security Act as full payment for all services for which payment may be made under Part B of Title XVIII of such act (Medicare).

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.2.9. The J-1 Visa physician must enter into an appropriate agreement with the Mississippi state agency which administers the state plan for medical assistance under Title XIX of the Social Security Act (Medicaid) to provide services to individuals entitled to medical assistance under the plan.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.2.10. The employer must make known to the HPSA community that the J-1 physician will comply with the terms and conditions stated in the Guidelines by posting a notice in a conspicuous place in the waiting area of the practice stating that all patients will be seen regardless of their ability to pay.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.2.11. The waiver request must include support letters from the majority of the local practicing physicians, area hospital administrator(s) and community leaders.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.2.12. The physician must not have been "out of status" (as defined by the Immigration and Naturalization Service of the United States Department of Justice) for more than 210 days since receiving a visa under 8 USC 1182 (j) of the Immigration and Nationality Act, as amended. The physician shall provide the FCC all copies of his or her Certificates of Eligibility for Exchange Visitor (J-1) Status forms and every other document needed to verify status, including a copy of the federal J Waiver Visa Recommendation Application. The name of the foreign trained provider must be provided during the initial "Site Predetermination Application" process in order to remain compliant with this requirement.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.2.13. A statement in writing is required indicating that the home government has no objection to the waiver if the physician's medical education or training has been funded by the government of the graduate's home country. He or she should obtain this statement from the physician's embassy in Washington or home country. The "No Objection" statements for these physicians should contain the following or similar language:

Pursuant to Public Law 103-416, the Government of (Country) has no objection if (name and address of the foreign medical graduate) does not return to (Country) to satisfy the two-year foreign residence requirement of 212(e) of the Immigration and Nationality Act (INA).

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.2.14. The J-1 physician and his/her employer must, on commencement of practice and annually thereafter through the contract period, verify the physician's practice site address and field of practice. The reporting can be submitted on the "J-1 Visa

Physician Verification of Employment Form” contained in this application packet. The first report must be submitted within 30 days. For population based HPSAs, documentation that the population the foreign physician was placed there to serve was indeed served must be maintained. The final report must indicate whether the J-1 physician intends to remain in the shortage area to practice. Failure to submit accurate reports in a timely manner that complies with the Mississippi Conrad State 30 J-1 Visa Waiver Guidelines will jeopardize future eligibility for J-1 Visa physician placements.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.2.15. Job transfers must be approved by MSDH before the transfer occurs so that it can be determined if the new area is rural and still underserved. Refer to “Transfer” section for related procedures and minimum requirements.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.2.16. The Site Predetermination Application must include a HIV test result and evidence of screening for latent and active tuberculosis. The tuberculosis screening must include: a tuberculosis signs and symptom assessment by a licensed physician or nurse practitioner; testing for infection performed by an interferon gamma release assay (IGRA) when reasonably available or a Mantoux tuberculin skin test (TST) when the IGRA is not available; and a chest x-ray with a written interpretation. Both the HIV test result and tuberculosis screening must have occurred within the past 6 months prior to the submission date of the Site Predetermination Application, with the exception, of the IGRA and TST if documentation of current or previous tuberculosis treatment completion is provided with the submission.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.2.17. A MSDH approved plan for treatment and an approved provision for payment of testing, treatment, and follow-up for a J-1 physician showing signs of active tuberculosis.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.2.18. The Mississippi Conrad State 30 J-1 Visa Waiver Program will consider requests for recommendations of specialists and placement of J-1 physicians at facilities not located in a HPSA designated area (provided the facility is serving patients from a nearby HPSA designated area) in accordance with current federal guidelines regarding FLEX slots.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.2.19. Facilities not located in a HPSA must submit in the Site Predetermination Application, patient origin information indicating that at least 25% of the patients served by the facility are from a nearby HPSA. The patient origin information

must be current (not to exceed 18 months prior to the submission date of the Site Predetermination Application).

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.2.20. Reserved.

Rule 1.2.21. Reserved.

Rule 1.2.22. The Addendum for Specialist Section of the Conrad State 30 J-1 Visa Waiver Application provides information on the submission requirements for specialists.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.2.23. Reserved.

Rule 1.2.24. Reserved.

Rule 1.2.25. Please refer to Section 107 NATIONAL INTEREST WAIVER (NIW) LETTER REQUESTS for the requirements for submitting a request for consideration of a national interest waiver letter of support.

SOURCE: Miss. Code Ann. §41-3-17

Subchapter 3. EMPLOYMENT CONTRACT:

Rule 1.3.1. The J-1 physician is responsible for locating and negotiating a contract for a minimum of three (3) years and preferably four (4) years (unless the service requirement is amended) to provide care a minimum of 40 hours per week, as a primary care physician or psychiatrist in a federally designated HPSA in Mississippi. The 40 hours must be performed during normal office hours, or hours which best suit the needs of the community, and may not be performed in less than four (4) days a week. A weekly schedule must be included in all waiver requests. It is recommended that each party have its own legal representation in preparation of the contract.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.3.2. The J-1 physician must be board eligible in his/her field of practice and eligible for Mississippi licensure.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.3.3. By regulation (Immigration and Nationality Act, as amended, section 214(k)(1) [8U.S.C. (1184 (k)(1))], the J-1 physician must commence practice within 90 days of receiving a waiver.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.3.4. The J-1 Visa physician must agree in writing that he or she will begin employment within 90 days of receiving a waiver; and a statement from the J-1 Visa physician regarding planned commitment to the community should be provided.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.3.5. The Department of State and INS will be notified if a J-1 physician is found not to have reported or not be practicing medicine a minimum of 40 hours per week in the location for which the recommendation was made.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.3.6. MSDH must be notified when the J-1 physician does not report for duty or leaves the practice site for whatever reason.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.3.7. The employer and/or J-1 physician must notify MSDH of breach or termination of contract.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.3.8. For the statutorily-required 3 years, there can be no changes to the contract that would result in the J-1 physician leaving the agreed-upon site and treating the patients he/she has agreed to treat in the manner agreed upon, unless the contract of resulting transfer has been approved by the MSDH.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.3.9. The contract should not state commencement or expiration dates. It is a tentative contract based on the application being approved through MSDH, U.S. Department of State and INS.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.3.10. A non-competition clause or any provision that purports to limit the J-1 physician's ability to remain in the area upon completion of the contract term is prohibited by regulation.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.3.11. The contract may include a liquidation clause, but is not required by MSDH. However, any clauses that would require the J-1 physician to pay a sum to the employer for experience gained on the job or for the J-1 physician remaining in the area after the contract has ended are not allowed.

1. Include in all employment contracts the following information:

- a. guaranteed 3-year base salary
- b. benefits
- c. insurance
- d. field of practice, practice site name and address for 40 hours for at least 4 days per week, not including travel and on-call time; days and hours on site, if multiple sites.
- e. leave (annual, sick, continuing medical education, holidays)
- f. commencement date begins within 90 days of receipt of J-1 visa waiver
- g. statement that amendments shall adhere to State and Federal J-1 visa waiver requirements

SOURCE: Miss. Code Ann. §41-3-17

Subchapter 4. RECRUITMENT:

Rule 1.4.1. The medical facility must provide evidence that other avenues, regionally and nationally, to secure a physician not bound by the 2-year home residence requirement have been undertaken over a period of at least the six (6) months prior to the submission date of the Site Predetermination Application.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.4.2. Recruitment efforts must include regional and national print advertising, and certified letters to at least four medical schools. Recruitment information must state the position available and the practice site location.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.4.3. Ads run at the time of or after submission of the Site Predetermination Application are not usable.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.4.4. Documentation of recruitment efforts must include:

- 1. Copies of the regional and national print advertising ads (copies of ads must show publication date).
- 2. On line ads must show the date the ad was on line.
- 3. Copies of at least four (4) certified letters to medical schools.
- 4. Advertising bill and payment receipts may be included.

5. Include copies of recruitment firm contracts, if applicable.
6. Copies of CVs/resumes submitted in response to recruitment efforts.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.4.5. Names of non-foreign physicians applying and/or interviewed and detailed justification on reasons not hired. Priority hire must be given to physicians other than J-1 physicians (presumably H-1Bs) who apply for the waiver job and are qualified. The employer must show that hiring a J-1 physician is a last resort.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.4.6. In addition to items 1, 2, 3, and 4, the sponsoring health care facility is required to publish a legal notice in their local newspaper and a state newspaper of general circulation in accordance with the following format. The Proof of Publication of this notice must be submitted with the Site Predetermination Application.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.4.7. (Name of J-1 sponsoring facility and complete mailing address) is requesting that the Mississippi State Department of Health support a J-1 Visa waiver of the two-year foreign residency requirement of (physician name) in exchange for (Primary Care or Specialty Care) health services to (name of underserved area), an underserved area of the state, if approved by the U.S. Department of State.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.4.8. Letters of support or opposition may be sent to (name of J-1 sponsoring facility, or to the Director, Office of Rural Health and Primary Care, Mississippi State Department of Health, P.O. Box 1700, Jackson, MS 39215-1700. Any interested party should submit their letter within 21 calendar days after the date of this publication.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.4.9. Copies of letters may be obtained from (name of J-1 sponsoring facility) or the Office of Rural Health and Primary Care at the Mississippi State Department of Health.

SOURCE: Miss. Code Ann. §41-3-17

Subchapter 5. PROHIBITIONS:

Rule 1.5.1. MSDH will not consider recommendations when the provisions of Subchapter 2 have not been met and under the following circumstances:

1. Preliminary determinations over the telephone prior to final review of the Site Predetermination being completed.
2. Medical facilities located in those counties which are a part of the Appalachian Regional Commission are not eligible to recruit primary care J-1 Visa physicians through the Program, with the exception of psychiatrists and specialists.
3. Requests from areas/populations that have become fully served due to sufficient placement of physicians, unless a previously recommended J-1 physician has left the area or for replacement of local physicians who have discontinued practice in a designated area. Exceptional circumstances will be reviewed on a case-by-case basis.
4. More than two (2) site predetermination applications per employer each federal fiscal year.
5. Requests for a J-1 physician who's last Certificate of Eligibility for Exchange Visitor status has expired more than 210 days prior to the time the site predetermination application request is submitted.
6. Requests from an employer who is a former J-1 physician currently fulfilling his/her required 3-year obligation.
7. A waiver for a relative or acquaintance of the employer.
8. A J-1 physician showing signs of active tuberculosis without a MSDH approved plan for treatment and an approved provision for payment of testing, treatment, and follow-up.

SOURCE: Miss. Code Ann. §41-3-17

Subchapter 6. TRANSFERS:

- Rule 1.6.1. The following guidelines and procedures apply for J-1 Visa physicians transferring from one HPSA to another, from one organization to another, or within the same HPSA. A "Transfer Notification Form" is included in this application packet. A minimum two year commitment by the J-1 Visa physician to practice in the new site is required.

SOURCE: Miss. Code Ann. §41-3-17

- Rule 1.6.2. The proposed transfer site must meet all of the eligibility and program requirements. Completion of a Site Predetermination Application will be required for those transferring to a HPSA (if not the same HPSA) or to a new sponsoring facility organization.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.6.3. The foreign physician shall make no plans for a transfer or moving of personal possessions until the Mississippi Office of Rural Health and Primary Care has reviewed and/or approved the request.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.6.4. The J-1 physician retains sole responsibility for notifying their current employer of the intent to transfer, and payment of any financial penalty caused by a breach of contract, as determined by the original or current employer or as specified in their employment contract.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.6.5. If the foreign provider is being retained by the original employer, and is being transferred to another HPSA to better serve the residents of Mississippi, the new community's population to patient ratio must exceed the 3000:1 threshold requirement, and need for the foreign provider in the community must be documented.

1. Responsibility of the J-1 Visa Physician:
2. Notify the Mississippi Office of Rural Health and Primary Care, in writing, of the intent to transfer, detailing the reason for the transfer; and a statement acknowledging agreement to the proposed transfer, if applicable.
3. Provide the Mississippi Office of Rural Health and Primary Care with the new practice site, address, telephone number, employer, hours of work, and proposed date of transfer; and
4. The new site must meet all requirements of the Mississippi Conrad State 30 J-1 Visa Waiver Program Guidelines.
5. Responsibility of First Employer:
6. Provide a letter to the Mississippi Office of Rural Health and Primary Care releasing the J-1 Visa physician from employment; and/or
7. Provide an explanation for transfer or termination of contract.
8. Responsibility of Second Employer:
9. Provide a letter to the Mississippi Office of Rural Health and Primary Care of the intent to employ the J-1 Visa physician;
10. Provide the Mississippi Office of Rural Health and Primary Care with a copy of the employment contract; and

11. Provide in writing, with documentation, that the new site meets the eligibility requirements in the Mississippi Conrad State 30 J-1 Visa Waiver Guidelines and the federal agency sponsoring the J-1 visa waiver.

SOURCE: Miss. Code Ann. §41-3-17

- Rule 1.6.6. For the foreign physician transferring from another state to a HPSA in Mississippi, the following must be provided:
1. A Site Predetermination Application must be completed. If an approval is provided, a complete J-1 Visa Waiver Application must be submitted, to include a four (4) year employment contract.
 2. The foreign provider must obtain a Mississippi medical license prior to commencing practice.

SOURCE: Miss. Code Ann. §41-3-17

Subchapter 7. FOREIGN PHYSICIANS RELEASED DUE TO TERMINATION, MUTUAL RELEASE, OR DEATH:

- Rule 1.7.1. The Mississippi Office Of Rural Health and Primary Care must be informed in writing by the sponsoring employer of the following circumstances:
1. the sponsoring employer determines that there is reasonable cause to terminate the employment contract of a foreign provider;
 2. the employer and foreign provider mutually agree to the release from employment;
 3. there are no funds to reimburse the foreign provider for their services; or
 4. there is a loss due to the death of the foreign provider.

SOURCE: Miss. Code Ann. §41-3-17

- Rule 1.7.2. Mississippi Office of Rural Health and Primary Care will assist, in a limited way, the sponsoring employer and foreign physician in resolving termination disputes. However, the Mississippi Office of Rural Health and Primary Care will assume no position in the dispute.

SOURCE: Miss. Code Ann. §41-3-17

- Rule 1.7.3. Mississippi Office of Rural Health and Primary Care will assist, in a limited way, the foreign provider in securing another position in the state.

SOURCE: Miss. Code Ann. §41-3-17

Subchapter 8. NATIONAL INTEREST WAIVER (NIW) LETTER REQUESTS:

- Rule 1.8.1. The following policies apply to foreign medical physicians applying for National Interest Waiver Letter Recommendations. The Office of the State Health Officer maintains the responsibility within the state of recommending and processing, through its Mississippi Office of Rural Health and Primary Care, NIW requests. Requests will only be considered for primary care physicians.
1. The facility or geographical area in which the foreign physician's placement will occur must be currently designated as a Mississippi health professional shortage area (HPSA) by the federal government. A NIW support letter for a foreign-trained physician will be given consideration when a physician has completed the original contract agreement or has been in the employment contract with the sponsoring medical facility or medical provider for a minimum of two years of the obligation period.
 2. The waiver request must include a HIV test result and evidence of screening for latent and active tuberculosis. The tuberculosis screening must include: a tuberculosis signs and symptom assessment by a licensed physician or nurse practitioner; testing for infection performed by an interferon gamma release assay (IGRA) when reasonably available or a Mantoux tuberculin skin test (TST) when the IGRA is not available; and a chest x-ray with a written interpretation. Both the HIV test result and tuberculosis screening must have occurred within the past 6 months prior to the submission date of the waiver request, with the exception, of the IGRA and TST if documentation of current or previous tuberculosis treatment completion is provided with the submission.
 3. A MSDH approved plan for treatment and an approved provision for payment of testing, treatment, and follow-up for a J-1 physician showing signs of active tuberculosis.
 4. A current letter of support from the health facility or medical provider who has sponsored the original J-1 or H1-B Visa Waiver must be provided which indicates that the foreign physician placement has resulted in an acceptable or satisfactory condition to support the delivery of primary care services. The letter must also provide the start and ending dates of the service obligation.
 5. A copy of the proposed contract to meet the five year full time employment service obligation required by the NIW regulations.
 6. If the foreign physician seeking a NIW support letter has not completed the original contract terms, the foreign physician must provide a statement, dated and signed by the foreign physician, that he/she agrees to meet the original obligations of the employment contract entered as PL 106-95 does not change the foreign physician's obligation of the original contract terms. The statement must include the start and ending dates of the original service obligation.
 7. Foreign physicians requesting a NIW support letter that have completed the original contract terms and who will be working at a new sponsoring facility must

provide a support letter from the new sponsoring facility. The letter must include information about the proposed start and end date to meet the five year full time employment service obligation required by the NIW regulations.

8. These foreign physicians must also submit support letters from the local medical community of the area of the new sponsoring facility.

SOURCE: Miss. Code Ann. §41-3-17

- Rule 1.8.2. Foreign physicians (including those not processed through the Mississippi Office of Rural Health and Primary Care) must receive NIW support letters through the Office of the State Health Officer, through its Mississippi Office of Rural Health and Primary Care.

SOURCE: Miss. Code Ann. §41-3-17

- Rule 1.8.3. In addition to items 1 through 5, J-1 and H1-B physicians (who were not processed through the Mississippi Office of Rural Health and Primary Care) seeking NIW support letters must submit a copy of their CV, license and board certification.

SOURCE: Miss. Code Ann. §41-3-17

- Rule 1.8.4. In addition to items 1 through 5, 7 and 8, J-1 and H1-B physicians (who were not processed through the Mississippi Office of Rural Health and Primary Care) must provide a support letter from the sponsoring facility for the NIW in Mississippi. The letter must include information about the proposed start and end date to meet the five year full time employment service obligation required by the NIW regulations. These foreign physicians must also submit support letters from the local medical community of the area of the new sponsoring facility in Mississippi.

SOURCE: Miss. Code Ann. §41-3-17

- Rule 1.8.5. In addition to items 1 through 5, 7, 8 and 9, J-1 physicians (who were not processed through the Mississippi Office of Rural Health and Primary Care) seeking NIW support letters must submit a copy of the waiver approval recommendation letter from the Waiver Review Division of the United States Department of State and a letter of support from the interested government agency that sponsored the foreign medical graduate. The support letter should state that the foreign medical graduate's service was in the public interest and that his/her placement resulted in acceptable (or satisfactory) conditions to support the delivery of primary or specialty care.

SOURCE: Miss. Code Ann. §41-3-17

- Rule 1.8.6. In addition to items 1 through 5, 7, 8 and 9, H1-B physicians (who were not processed through the Mississippi Office of Rural Health and Primary Care)

seeking NIW support letters must submit a copy of the approval of the Petition for Nonimmigrant Worker form for the foreign physician.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.8.7. A NIW support letter will not be provided when circumstances present that a foreign physician has transferred to a work site other than the original placement without notification to the appropriate interested government agency.

SOURCE: Miss. Code Ann. §41-3-17

Rule 1.8.8. The NIW support letter will be addressed to the entity who requests the letter, either the individual foreign physician or the designated representative.

SOURCE: Miss. Code Ann. §41-3-17

Title 15: Mississippi State Department of Health

Part 9: Office of Health Policy and Planning

Subpart 97: Policies and Procedures Manual

Chapter 1. MQHC GRANT PROGRAM OVERVIEW

Subchapter 1. INTRODUCTION.

Rule 1.1.1. The Mississippi Qualified Health Center (MQHC) Grant Program was established during the 1999 Mississippi Legislative Session and is now under Section 41-99-1 through 41-99-7 (Chapter 99) of the Mississippi Code 1972 Annotated, as amended. Legislation for the MQHC Grant Program emerged from the need to address the immense disparity between primary health care for Mississippi's uninsured or medically indigent population and the insured.

SOURCE: Miss. Code Ann. §41-99-5

Rule 1.1.2. The purpose of the MQHC Grant Program is to increase access to preventative and primary care services for uninsured or medically indigent patients, by making funding available to Mississippi Qualified Health Centers. Mississippi Code § 41-99-1 defines a Mississippi Qualified Health Center as a public or non-profit entity that provides comprehensive primary care services that: i) has a community board of directors, the majority of whom are users of such centers; ii) accepts all patients that present themselves despite the patient's ability to pay, and uses a sliding-fee schedule for payments; and iii) serves a designated medically underserved area or population as defined by Section 330 of the Public Health Service Act.

SOURCE: Miss. Code Ann. §41-99-5

Rule 1.1.3. The program allows centers to create new services or augment existing services for this target population. These services include, but are not limited to, primary care medical and preventive services, dental services, optometric services, in-house laboratory services, diagnostic services, pharmacy services, nutritional services, and social services. Additional services including mental health services, substance abuse services, transportation services, translation or interpretation services, and school-based clinic services may also be provided for uninsured or medically indigent patients with MQHC Grant Program funding.

SOURCE: Miss. Code Ann. §41-99-5

- Rule 1.1.4 Mississippi Qualified Health Centers are required to provide a full range of comprehensive preventive and primary care services as defined in Section 330 of the Public Health Service Act. Centers must comply with all applicable federal and state statutes, policies, and regulations. Funds received through the MQHC Grant Program must be used to expand the amount or type of services available to serve additional uninsured or medically indigent patients, but cannot be used to replace existing funds; nor are these funds intended to be a reimbursement source for non-paying patients who have an ability to pay.

SOURCE: Miss. Code Ann. §41-99-5

- Rule 1.1.5. Section 41-99-3 specifies that the Mississippi Department of Health (MDH) will administer the MQHC Grant Program. Section 41-99-5 requires the MDH to establish an advisory council to review and make recommendations to the MDH on the awarding of any grants to Mississippi Qualified Health Centers.

SOURCE: Miss. Code Ann. §41-99-5

- Rule 1.1.6. As set forth in Mississippi Code § 51-99-5 Section 5, the MQHC Grant Program receives \$4,000,000 per state fiscal year for a five-year program period. The statute further stipulates in this section that the maximum grant award to Mississippi Qualified Health Centers be \$200,000 per state fiscal year (July 1st thru June 30th). However, the actual funding level for the MQHC Grant Program is set each year by a legislative appropriation bill.

SOURCE: Miss. Code Ann. §41-99-5

- Rule 1.1.7. MQHC grants will be awarded during the first state fiscal year of the five-year program period utilizing a Request for Proposals (RFP) process, and grants for the remaining four fiscal years will be awarded utilizing a Funding Continuation process.

SOURCE: Miss. Code Ann. §41-99-5

- Rule 1.1.8. Section 41-99-7 of the Mississippi Code, enacted by the 1999 Regular Session of the Mississippi Legislature, created a special fund (the Mississippi Qualified Health Center Grant Program Fund) in the State Treasury from which grants and expenditures authorized for the MQHC

Grant Program shall be disbursed. All monies received by legislative appropriation to carry out the purposes of this section shall be deposited into the Mississippi Qualified Health Center Grant Program Fund. Passage of House Bill 1048 during the 2004 Regular Session of the Mississippi Legislature extended the MQHC Grant Program until July 1, 2009.

SOURCE: Miss. Code Ann. §41-99-5

Rule 1.1.9. The MQHC Grant Program has been designed to decrease the disparity between primary health care services for Mississippi's uninsured or medically indigent citizens and Mississippi's medically insured citizens. By making funding available through the MQHC Grant Program, the following objectives are expected to be accomplished:

1. Increased access to preventative and primary care services for uninsured or medically indigent patients;
2. The creation of new services or the augmentation of existing services provided to the uninsured or medically indigent, including, but not limited to, primary care medical and preventive services, dental services, optometric services, in-house laboratory services, diagnostic services, pharmacy services, nutritional services, and social services;
3. The provision of additional services including mental health services, substance abuse services, transportation services, translation or interpretation services, and school-based clinic services; and
4. Increased access to medical services for uninsured or medically indigent patients in medically underserved areas (those areas designated by the Secretary of the United States Department of Health and Human Services as an area with a shortage of professionals, health services or a population group designated by the Secretary as having a shortage of those services).

SOURCE: Miss. Code Ann. §41-99-5

Chapter 2. MQHC GRANT PROGRAM ADVISORY COUNCIL

Subchapter 1. INTRODUCTION.

Rule 2.1.1. Pursuant to Section 6, Mississippi Code § 41-99-5, the MDH is required to establish an advisory council to review and make recommendations to the MDH on the awarding of any grants to Mississippi Qualified Health Centers.

SOURCE: Miss. Code Ann. §41-99-5

Subchapter 2. ADVISORY COUNCIL MEMBERSHIP

Rule 2.2.1. The Advisory Council membership consists of the following:

1. Two (2) employees of the MDH, one (1) of whom must have experience in reviewing and writing grant proposals;
2. Two (2) executive employees of Mississippi Qualified Health Centers, one (1) of whom must be a chief financial officer;
3. Two (2) health care providers who are affiliated with a Mississippi Qualified Health Center; and
4. One (1) health care provider who is not affiliated with a Mississippi Qualified Health Center nor the MDH, but has training and experience in primary care.

SOURCE: Miss. Code Ann. §41-99-5

Rule 2.2.2. To help ensure (1) that the Council has a sufficient number of members available to constitute a quorum for official business, and (2) to provide for more widespread center representation on the Advisory Council, centers are limited to having only one representative serve on the Council at a time.

SOURCE: Miss. Code Ann. §41-99-5

Rule 2.2.3. The Advisory Council appointments will be for a two-year term. To assist with maintaining continuity on the Council, the MDH will make new appointments to serve on the Council as follows:

1. For a two-year term to commence on July 1, 2005, the MDH will make new appointments for the following seats on the Council:
 - a. A Mississippi Department of Health employee (the seat required for someone with experience in reviewing and writing grant proposals);
 - b. A health care provider from a Mississippi Qualified Health Center;

- c. An executive employee of a Mississippi Qualified Health Center (not the seat required for the chief financial officer); and
- d. A health care provider not affiliated with a Mississippi Qualified Health Center nor the MDH.

SOURCE: Miss. Code Ann. §41-99-5

Rule 2.2.4. The next appointments for these seats on the Council will occur every two years thereafter with terms to commence on July 1st.

SOURCE: Miss. Code Ann. §41-99-5

Rule 2.2.5. For a two-year term to commence on July 1, 2006, the MDH will make new appointments for the following seats on the Council:

- 1. The second MDH employee seat;
- 2. A health care provider from a Mississippi Qualified Health Center; and
- 3. The second executive employee of a Mississippi Qualified Health Center (the seat required for the chief financial officer).
- 4. The next appointments for these seats on the Council will occur every two years thereafter with terms to commence on July 1st.

SOURCE: Miss. Code Ann. §41-99-5

Subchapter 3. ADVISORY COUNCIL OFFICERS

Rule 2.3.1. The Officers for the MQHC Advisory Council shall be elected at the March regularly scheduled meeting, for a two-year term, with terms to commence on July 1st. There shall be the following officers for the Advisory Council:

- 1. Chairperson
- 2. Vice-Chairperson

SOURCE: Miss. Code Ann. §41-99-5

Rule 2.3.2. The Chairperson shall be one of the appointees from the MDH, and the Vice-Chairperson shall be one of the appointees from a Mississippi

Qualified Health Center. The Vice-Chairperson shall exercise the duties of the Chairperson in his/her absence.

SOURCE: Miss. Code Ann. §41-99-5

Subchapter 4. ADVISORY COUNCIL GOVERNING POLICIES

Rule 2.4.1. The Advisory Council shall have one regularly scheduled meeting during the state fiscal year, which shall be held on the second Thursday in March of each year.

SOURCE: Miss. Code Ann. §41-99-5

Rule 2.4.2. This meeting will be held at 10:00 a.m., at the Mississippi Department of Health Office Complex, 570 East Woodrow Wilson (room location to be announced), Jackson, MS 39216. Notice of Advisory Council meetings will be provided to council members, Mississippi Qualified Health Centers, and other interested parties.

SOURCE: Miss. Code Ann. §41-99-5

Rule 2.4.3. The review and recommendation process for awarding grants to centers under the MQHC Grant Program shall occur at the March regularly scheduled meeting.

SOURCE: Miss. Code Ann. §41-99-5

Rule 2.4.4. The Advisory Council may change or alter its meeting time by official action of the Council and appropriate notification of such changes to members, Mississippi Qualified Health Centers, and other interested parties.

SOURCE: Miss. Code Ann. §41-99-5

Rule 2.4.5. The Advisory Council may call special meetings. Appropriate notification of such meetings must be provided to members and Qualified Health Centers. Special Called Meetings will be held at the Mississippi Department of Health Office Complex, 570 East Woodrow Wilson, Jackson, Mississippi 39216 (date, time, and room location to be announced).

SOURCE: Miss. Code Ann. §41-99-5

Rule 2.4.6. The Advisory Council may take action only when in official session, and as reflected by Advisory Council's minutes. Opinions and personal comments of individual Advisory Council members are non-binding and do not constitute an official position of the Advisory Council.

SOURCE: Miss. Code Ann. §41-99-5

Subchapter 5. ADVISORY COUNCIL AGENDA

Rule 2.5.1. The Chairperson and MQHC Program Coordinator shall confer and prepare the agenda which is to be considered by the Council. The Council may present for discussion matters of emergency which arise after this process, or items which could not have been anticipated.

SOURCE: Miss. Code Ann. §41-99-5

Rule 2.5.2. Any item may be placed on the agenda by any Advisory Council member.

SOURCE: Miss. Code Ann. §41-99-5

Rule 2.5.3. All requests for items to be placed on the agenda must be received by the MQHC Program Coordinator at least thirty (30) calendar days prior to the date of the regularly scheduled meeting.

SOURCE: Miss. Code Ann. §41-99-5

Rule 2.5.4. Matters not on the agenda will not be considered by the Council, except when a quorum of the Council present and voting concurs that an additional item be included which did not arise in time to be placed on the agenda, or items which were omitted by clerical error and which are of such a nature that the Council's consideration is required in the current meeting.

SOURCE: Miss. Code Ann. §41-99-5

Chapter 3. ADVISORY COUNCIL MEMBERS' VOTING

Subchapter 1. INTRODUCTION.

Rule 3.1.1. In order for the Advisory Council to conduct official business, a quorum of at least four (4) members must be present.

SOURCE: Miss. Code Ann. §41-99-5

Rule 3.1.2. A member present may vote for or against any motion, or the member may abstain. Voting by proxy is not permitted.

SOURCE: Miss. Code Ann. §41-99-5

Rule 3.1.3. The minutes of the Advisory Council shall reflect the vote of each member on each matter. A unanimous vote may be reflected.

SOURCE: Miss. Code Ann. §41-99-5

Rule 3.1.4. Any Council member who may obtain pecuniary benefit from action on any MQHC proposal or application, either for himself/herself, or for any business for which he/she is associated, shall recuse himself/herself from the vote on said proposal or application. Such member shall, however, be allowed to present information to the members of the Council as a representative of the organization through which the pecuniary benefit is associated, but shall not be involved in Council's deliberations regarding such application.

SOURCE: Miss. Code Ann. §41-99-5

Subchapter 2. ADVISORY COUNCIL MINUTES

Rule 3.2.1. The minutes of the Advisory Council shall be the responsibility of the MQHC Program Coordinator. All proposed minutes shall become the official minutes upon approval by the Advisory Council. Approved minutes will be on file in the Office of Primary Care Liaison at the Mississippi Department of Health.

SOURCE: Miss. Code Ann. §41-99-5

Subchapter 3. ADVISORY COUNCIL MEMBERS COMPENSATION/REIMBURSEMENT

Rule 3.3.1. Pursuant to Section 8 of Mississippi Code § 41-99-5, the MDH may use a portion of any grant monies appropriated for the MQHC Grant Program for administration of the program and to pay reasonable expenses incurred by the Advisory Council. Council members shall be reimbursed for reasonable expenses in accordance with MDH policy.

SOURCE: Miss. Code Ann. §41-99-5

Chapter 4. MQHC GRANT PROGRAM REQUEST FOR PROPOSALS

Subchapter 1. GUIDELINES AND PROCEDURES

- Rule 4.1.1. Pursuant to Section 4 of Mississippi Code § 41-99-5, the MDH has developed a process to allow Mississippi Qualified Health Centers to apply for a grant under the MQHC Grant Program. MQHCs may apply for new funding in the first state fiscal year of each legislatively authorized program period. A Funding Continuation process will be utilized to award grants for the remaining four fiscal years of the program period.

SOURCE: Miss. Code Ann. §41-99-5

- Rule 4.1.2. The MDH has developed the following procedures and criteria for accepting grant proposals from Mississippi Qualified Health Centers and for making funding recommendations for the first state fiscal year of the legislatively authorized program period for the MQHC Grant Program.

SOURCE: Miss. Code Ann. §41-99-5

Subchapter 2. MQHC GRANT PROGRAM AWARD ALLOCATION FOR GRANTEES

- Rule 4.2.1. The MQHC Grant Program Award Allocation will be distributed equitably among grantees, based on evaluation criteria, activities undertaken, and performance measures (the award per grantee, per state fiscal year, is limited to \$200,000). To ensure that all awarded funds will be utilized for legislatively intended purposes, centers must submit an acceptable MQHC Grant Program Proposal/Funding Continuation Application.

SOURCE: Miss. Code Ann. §41-99-5

Subchapter 3. MQHC GRANT PROGRAM REDISTRIBUTION OF AWARDS

- Rule 4.3.1. MQHC Grant Program funds allotted for a Mississippi Qualified Health Center that does not meet requirements of the program will be redistributed proportionately among the remaining grantees. The percent that the initial grant award represents of the total MQHC Grant Program Award Allocation will be applied to determine the amount of additional funds that the remaining grantees will be eligible to receive. In no case shall the maximum award amount per grantee per state fiscal year exceed \$200,000.

SOURCE: Miss. Code Ann. §41-99-5

Rule 4.3.2. When funds are available to be redistributed, the MDH will provide written notification of the Availability of Redistributed Funds to the Executive Directors of funded centers and to the Executive Director of the Mississippi Primary Health Care Association. Grantees must submit information required by the MDH regarding the utilization of the additional funds to the Office of Primary Care Liaison within thirty (30) calendar days of the date of the Notice of Availability of Redistributed Funds. Grantees not submitting the required information will not be eligible to receive any of the funds available for redistribution.

SOURCE: Miss. Code Ann. §41-99-5

Subchapter 4. MQHC GRANT PROGRAM REQUEST FOR PROPOSALS

Rule 4.4.1. The MQHC Grant Program Request for Proposals has been designed to help centers apply for MQHC Grant Program funding. The Request for Proposals provides guidance for developing a proposal that explains all requirements.

SOURCE: Miss. Code Ann. §41-99-5

Rule 4.4.2. The Request for Proposals contains the following items:

1. Grant period;
2. Eligible applicants;
3. Amount of funds available;
4. Source of funds to be awarded;
5. Information regarding applicable laws and regulations;
6. Funding objectives and areas of special emphasis or interest.
7. Recipient financial participation requirements, e.g. matching or cost sharing requirements;
8. Proposal format, including deadline date and time for receipt of proposals;
9. Criteria for review and evaluation and program priorities for funding; and
10. The number of originals and copies of the proposal to submit.

SOURCE: Miss. Code Ann. §41-99-5

- Rule 4.4.3 Proposals for the MQHC Grant Program must be submitted in the manner prescribed by the MDH. Applicants should read the RFP guidelines thoroughly and follow all directions. Applicants are encouraged to attend the MQHC Grant Program Request for Proposals Workshop. The MDH may also be contacted for assistance.

SOURCE: Miss. Code Ann. §41-99-5

Subchapter 5. MQHC GRANT PROGRAM REQUEST FOR PROPOSALS WORKSHOP

- Rule 4.5.1. The Mississippi Department of Health will conduct one Request for Proposals workshop during the last state fiscal year of the legislatively authorized program period to provide information regarding the submission and requirements of the MQHC Grant Proposal.

SOURCE: Miss. Code Ann. §41-99-5

Subchapter 6. MQHC GRANT PROGRAM PROPOSAL SUBMISSION/REVIEW/AWARD PROCESS

- Rule 4.6.1. Eligible Applicants: Mississippi Qualified Health Centers are eligible to submit an application for MQHC funding to the MDH.

SOURCE: Miss. Code Ann. §41-99-5

Rule 4.6.2. MQHC Grant Program Proposals Submission Date

1. Proposals requesting funding under the Mississippi Qualified Health Center Grant Program are due in the MDH, Office of Primary Care Liaison, by 5:00 p.m. on January 15th of the last state fiscal year of the current legislatively authorized program period for the MQHC Grant Program. Acceptance of proposals at this time will be in anticipation of the Mississippi Legislature re-authorizing the MQHC Grant Program.
2. This submission date will allow the MDH and the MQHC Grant Program Advisory Council to complete the RFP process and should allow grantees to begin implementation of their new approved MQHC Grant projects on July 1st (which would be the first day of the first state fiscal year for the re-authorized program period).

3. Proposals will only be accepted if they are received by the submission deadline. Late proposals will be returned to the applicant.
4. Acceptance of a Mississippi Qualified Health Center Grant Program proposal/ application does not obligate the MDH to award a grant to the applicant.

SOURCE: Miss. Code Ann. §41-99-5

Rule 4.6.3. Minimum Requirements for Proposals to be Considered

1. MQHC Grant Program Applications must meet the following minimum requirements in order to be considered:
 - a. Submission of an acceptable independent audit report for the applicant's most recent fiscal year or the most recent audit according to the United States Department of Health and Human Services, Health Resources & Services Administration (HRSA) guidelines.
 - b. Submission of the applicant's complete MQHC Grant Program Closeout Package (two copies required) for the last state fiscal year ended for which the applicant was funded.
 - c. Submission of a copy of applicant's sliding-fee schedule for payments.
 - d. Submission of the six month progress report for last year funded.
 - e. Submission of a complete proposal in the described format indicated in the instructions.
 - f. Certification that the applicant has an adopted policy regarding non-discrimination pursuant to Section 9 of Mississippi Code § 41-99-5
 - g. Certification that the applicant has an adopted policy regarding non-refusal of services pursuant to Mississippi Code § 41-99-1 (a) (ii).
 - h. Applicant must have no unresolved monitoring findings.
2. Applicants not meeting the minimum requirements for their proposals to be considered will be notified in writing and provided thirty (30) calendar

days from the date of the notice to submit the required items to the MDH, Office of Primary Care Liaison. If the required information is not received within this time frame, the proposal will not be eligible for review.

SOURCE: Miss. Code Ann. §41-99-5

Rule 4.6.4. MQHC Grant Program Proposal Review/Award Process

1. The MDH may contact applicants for clarification of information presented in the proposal. The proposal review process is as follows:
 - a. The proposal will be reviewed by MDH staff to determine if it meets the minimum requirements for consideration (including being received by the due date).
 - b. Proposals meeting minimum requirements for consideration will be reviewed and scored by two separate review committees (scoring will be based on pre-established evaluation criteria). One committee will be comprised of MDH staff and the other comprised of the MQHC Grant Program Advisory Council. The two scores obtained from the independent reviews will be averaged for the proposal's final score. A minimum score of seventy (70) is required to be considered for funding.
 - c. The review committees will be informed of the applicants that did not meet the minimum requirements to be considered.
 - d. The Advisory Council will meet to vote on the recommendation to make to the MDH regarding the awarding of grants to centers under the MQHC Grant Program.
 - e. The MDH is not bound by the recommendation of the Advisory Council. When the MDH does not follow the recommendation of the Advisory Council on the awarding of a grant, an appeal process is afforded applicants (refer to PART III, Section 3-6 (F) MQHC Grant Program Applicant Appeal Process).
 - f. If the MDH does not accept the Advisory Council's recommendation regarding the awarding of a grant to a center under the MQHC Grant Program, the MDH will provide a written statement to the Advisory Council detailing the reason(s) for not accepting the Advisory Council's recommendation.
 - g. Applicants will be notified in writing of the funding decision.

SOURCE: Miss. Code Ann. §41-99-5

Rule 4.6.5. MQHC Grant Program Applicant Appeal Process

1. This appeal process is only applicable when the MDH does not follow the recommendation of the Advisory Council on the awarding of a grant to a center under the MQHC Grant Program. The appeal process shall proceed as follows:
 - a. The applicant must submit a written correspondence to the MDH, Office of Primary Care Liaison (return receipt requested) indicating that the applicant would like to appeal the MDH's decision. The correspondence must also state why the applicant believes the decision should be reconsidered. The applicant's appeal correspondence must be received in the Office of Primary Care Liaison within thirty (30) calendar days of the date of the applicant's grant denial letter.
 - b. The State Health Officer or his designee will be notified of the MQHC Grant Program applicant's request for an appeal.
 - c. The State Health Officer or his designee may meet with the Advisory Council and the applicant for discussion of the applicant's appeal request. Only the original information submitted in the proposal/application may be utilized for discussion. The State Health Officer or his designee will make a decision regarding funding. This decision shall be final.
 - d. The applicant will be notified in writing within thirty (30) calendar days of the date that the decision is made.

SOURCE: Miss. Code Ann. §41-99-5

Chapter 5. MQHC GRANT PROGRAM

Subchapter 1. REQUEST FOR FUNDING CONTINUATION PROCESS

- Rule 5.1.1.** After grant awards are made for the first state fiscal year of the legislatively authorized program period for the MQHC Grant Program, a Funding Continuation (FC) Application process will be utilized to award grants for the four remaining state fiscal years. Applicants are required to implement the approved MQHC Grant Program project for which they were awarded a grant during the first state fiscal year for the entire five-

year legislatively authorized program period (unless waived by the MDH). To apply for funding continuation under the MQHC Grant Program, applicants are required to submit a Mississippi Qualified Health Center Funding Continuation Application to the MDH, Office of Primary Care Liaison, by 5:00 p.m. on January 15th of each state fiscal year (with the exception of the last state fiscal year) of the current legislatively authorized program period. Being awarded a Mississippi Qualified Health Center Program Grant for the first state fiscal year does not guarantee that a center will receive continued funding for the subsequent state fiscal years. The FC Application process is to ensure that all awarded MQHC Grant Program funds will continue to be utilized for legislatively intended purposes.

SOURCE: Miss. Code Ann. §41-99-5

Subchapter 2. MQHC GRANT PROGRAM FUNDING CONTINUATION APPLICATION WORKSHOP

Rule 5.2.1. The Mississippi Department of Health will conduct a Funding Continuation Application workshop for the second state fiscal year of the legislatively authorized program period. However, if necessary, additional workshops may be scheduled. The workshop will provide information regarding the submission and requirements for the Funding Continuation process and application.

SOURCE: Miss. Code Ann. §41-99-5

Subchapter 3. MQHC GRANT PROGRAM FUNDING CONTINUATION APPLICATION SUBMISSION/ REVIEW/AWARD PROCESS

Rule 5.3.1. The Submission/Review/Award Process outlined in Section 3-6 will be utilized for the Funding Continuation process. However, there is no minimum scoring requirement of seventy (70) points (unless MDH approves the applicant to submit a complete proposal).

SOURCE: Miss. Code Ann. §41-99-5

Chapter 6. IMPLEMENTATION OF MQHC GRANT PROGRAM PROJECTS

Subchapter 1. INTRODUCTION

Rule 6.1.1. The following guidelines have been designed to ensure compliance with state requirements and to provide instructions to help grantees successfully implement MQHC Grant Program projects.

SOURCE: Miss. Code Ann. §41-99-5

Subchapter 2.MQHC GRANT PROGRAM AWARD NOTICES

Rule 6.2.1. Grants for all approved MQHC projects shall be awarded within thirty (30) calendar days from the date the MDH approves the grant.

SOURCE: Miss. Code Ann. §41-99-5

Rule 6.2.2. The notice will indicate the following:

1. Funding has been approved;
2. The total amount of funding to be awarded through the contract;
3. The contract period; and
4. A statement that a formal contract will be forthcoming.

SOURCE: Miss. Code Ann. §41-99-5

Subchapter 3.MQHC GRANT PROGRAM CONTRACT AGREEMENTS

Rule 6.3.1. A binding contract agreement must be executed between the MDH and the grantee for the specific grant amount awarded and for the approved project proposed by the grantee. The MDH reserves the right to negotiate the terms of the MQHC grant agreement for any recipient of MQHC Grant Program funding.

SOURCE: Miss. Code Ann. §41-99-5

Rule 6.3.2. The MQHC Grant contract agreement identifies the activities funded, budgeted costs, general terms and conditions, and other pertinent requirements. Grantees should carefully review the contract agreement in order to become familiar with all the terms and conditions contained therein.

SOURCE: Miss. Code Ann. §41-99-5

Rule 6.3.3. The contract agreement will be mailed to grantees. The grantee's Chief Executive Officer will be required to sign, date, and return the contract agreement to the MDH, Office of Primary Care Liaison, within fifteen (15) calendar days of the date of the correspondence. By affixing his/her

signature to the contract agreement, the grantee's Chief Executive Officer is agreeing to abide by all requirements of the MQHC Grant Program and the terms and conditions contained in the contract agreement, through the close-out of the project.

SOURCE: Miss. Code Ann. §41-99-5

- Rule 6.3.4. To ensure that all monies appropriated for the MQHC Grant Program are expended within the period for each state fiscal year, grantees that fail to return the signed MQHC Grant Program contract agreement to the MDH, Office of Primary Care Liaison, by the time specified will have their grant award redistributed proportionately among the remaining grantees.

SOURCE: Miss. Code Ann. §41-99-5

Subchapter 4.FINANCE

- Rule 6.4.1 Centers must use appropriate fiscal controls and accounting procedures to ensure the proper disbursement of and accountability for grant funds. The accounting system should reflect all receipts, obligations, revenues, and disbursements of grant funds. Applicants are expected to adequately justify the need for and appropriate use of all grant funds requested and, at the conclusion of the grant period, to adequately show that funds were used as intended. Failure to provide accurate fiscal reporting may result in a request for repayment of funds. All grant records are subject to audit in accordance with the requirements of the contract agreement.

SOURCE: Miss. Code Ann. §41-99-5

Rule 6.4.2. Allowable MQHC Grant Program Expenditures

1. Grantees must take into account cost-sharing of other revenue and/or funding sources. The intent for MQHC Grant Program funding is to serve uninsured or medically indigent patients. If funds are used to purchase equipment, supplies, support personnel, or other direct costs, the allowable amount of such costs for the MQHC Grant Program budget should reflect the percentage of users of such equipment, personnel, or other items that are uninsured or medically indigent. For example, if 60% of a physician's patients are uninsured or medically indigent patients, then not more than 60% of the physician's salary is an allowable expenditure under the MQHC Grant Program.

2. Grantees are allowed to utilize MQHC Program funds for the following expenditures to provide services, undertake eligible activities, and accomplish the stated objectives of the MQHC Grant Program:
 - a. **Personnel Cost:** Salary for staff providing services for the MQHC Grant Program project.
 - b. **Fringe Benefits:** An employment benefit granted by an employer that involves a money cost without affecting basic wage rates. Only the costs for bona fide retirement programs and employee insurance plans are allowable expenditures for the fringe benefits budget category for the MQHC Grant Program. Insurance plans are limited to health, life, unemployment, and workers' compensation. The fringe benefit amount should be directly proportional to that portion of personnel costs that are allocated for the MQHC project. The fringe benefit percentage for the MQHC budget cannot exceed the current percentage level set by the MDH.
 - c. **Travel:** Travel related expenses for long distance travel (including travel, lodging, registration, training, and meals) incurred for the discharge of duties required to provide the services proposed for the MQHC Grant Program. Reimbursement amounts will be based upon the allowance set by state law and the MDH travel rules and regulations.
 - d. **Equipment:** Costs for equipment (durable items) needed by grantee to provide services described for the proposed MQHC project.
 - e. **Supplies:** Costs for supplies (expendable items) needed by grantee to provide services described for the proposed MQHC project.
 - f. **Contractual:** Costs incurred by grantee to obtain needed contractual arrangements to provide services described for the proposed MQHC project.
 - g. **Indirect Costs:** Costs that are not identified with a specific function, activity, or product, but are necessary to the operations of the organization. The amount allowed for indirect costs is subject to the maximum percentage level established by the MDH, Office of Finance and Administration.

SOURCE: Miss. Code Ann. §41-99-5

Rule 6.4.3. Requests for Funds

1. The reimbursement payment method will be utilized to allow grantees to receive funds from the MQHC Grant Program on a monthly basis. Grantees must adhere to the following procedure when requesting monthly reimbursements:
 - a. Requests for reimbursement cannot be processed prior to receipt of the grantee's signed MQHC Grant Program contract agreement in the Office of Primary Care Liaison at the MDH. Reimbursement is only available for the current contract period.
 - b. Requests for reimbursement should not exceed budget limits.
 - c. The final reimbursement requests must be submitted to the MDH, Office of Primary Care Liaison, no later than thirty (30) days after the close of the contract. The contract period is July 1st through June 30th. Failure to submit the final reimbursement request and all required supportive documentation by July 31st may result in the MDH not being able to approve the request for payment based on MDH Finance and Administration guidelines.
 - d. It is crucial that grantees adhere to the July 31st deadline for submission of any requests for reimbursement and required documentation to allow adequate time for processing prior to the close of the fiscal processing period, which is mid-August.
 - e. Grantees must (unless waived by the MDH) submit requests for reimbursement to the MDH, Office of Primary Care Liaison, by the 15th day of the month immediately following the month for which the request is being made(i.e. the reimbursement request for the month of October should be received in the Office of Primary Care Liaison by November 15th).
 - f. A cover letter requesting reimbursement and signed by the Chief Executive Officer of the center must be submitted each month. The letter must be on the grantee's letterhead and must indicate the state fiscal year of the grant, the month for which reimbursement is being requested, and the amount of the request.

SOURCE: Miss. Code Ann. §41-99-5

Rule 6.4.4. MQHC Grant Program Reimbursement Request Forms, along with supportive documentation, must be submitted when requesting reimbursement. The forms must be completed properly. Acceptable forms of supportive documentation shall include:

1. Personnel: Copies of payroll ledgers, payroll registers, payroll journals, or payroll check stubs must be submitted as supportive documentation when requesting reimbursement for the personnel budget category. Documentation must indicate staff person's name, date of payroll, and payroll amount.
 - a. Reimbursement will only be allowed for the staff positions and personnel approved in the grant proposal. The MDH must be notified of any personnel changes for the approved staff position for the MQHC project. Grantees must submit a written correspondence to the MDH regarding the personnel change prior to reimbursement being approved for payment of any personnel expenditure for a staff person not listed in the grant proposal. Should changing a staff person require adjusting the budget, a Contract Budget Modification must also be submitted for approval.
 - b. Grantees wanting to add a staff position(s) not listed in the grant proposal must submit a written correspondence to the MDH regarding the change, and must justify why an additional staff position(s) is warranted. If adding a new staff position requires adjusting the budget, a Contract Budget Modification must also be submitted for approval.
2. Fringe Benefits: Documentation for all fringe benefit payments must be submitted with the first reimbursement request of each state fiscal year. Documentation for subsequent requests will be verified during the monitoring site visit.
3. Travel: MQHC Grant Program Travel Form, along with proof of travel, hotel billing, registration forms and agendas, must be submitted as documentation for the travel budget category.
4. Equipment and Supplies: Invoices or Receipts are acceptable forms of supportive documentation for equipment and supplies (invoice or receipt must provide billing organization's name, date, listing of items purchased, and amount). All invoices must be billed to grantee.
5. Contractual: Invoices must be submitted as documentation for reimbursement for the contractual budget category (invoices must be billed to grantee, provide date, billing organization's name, listing or description of services provided, and amount).

6. Reimbursement Request Approval

- a. Incomplete/incorrect reimbursement requests submitted by grantees will not be approved for payment until corrections/adjustments and/or required documentation is submitted to the MDH, Office of Primary Care Liaison. MDH will notify grantees of incomplete/incorrect reimbursement requests and the requirements for correction/adjustments and/or required documentation.
- b. Once approved by the Office of Primary Care Liaison and the Director of Health Policy and Planning, the payment request for reimbursement will be submitted to the MDH, Office of Finance and Administration.
- c. Upon approval by MDH, Office of Finance and Administration, the payment request for reimbursement will be submitted to the State's Department of Finance and Administration for processing checks. Checks will be mailed to grantees.

7. Contract Budget Modifications

- a. Grantees are allowed to request approval to modify the budget of the MQHC Grant Program contract agreement, if the grant award for the grantee has not been exhausted. Re-budgeting between approved budget categories to meet unanticipated requirements must be approved. Requests for the fringe benefits and indirect costs budget categories will not be approved in excess of the maximum percentages allowed by the MDH. Grantees are required to submit the MQHC Grant Program Budget Modification Packet to the MDH, and obtain approval prior to making any changes to the approved MQHC Grant project contract budget. The deadline for requesting approval of a contract budget modification is May 31st of each state fiscal year.
- b. MQHC Grantees will be notified in writing by the MDH, Office of Primary Care Liaison, of the approval or denial of the Contract Budget Modification request.

SOURCE: Miss. Code Ann. §41-99-5

Subchapter 5.MQHC GRANT PROGRAM RECORDKEEPING REQUIREMENT

Rule 6.5.1. Grantees shall maintain financial and other records in accordance with the Financial Records and Audits requirements of the MQHC Grant Program contract agreement.

SOURCE: Miss. Code Ann. §41-99-5

Subchapter 6. MQHC GRANT PROGRAM MONITORING

Rule 6.6.1. The MDH has developed a monitoring policy to adhere to the requirement of Section 4 of Mississippi Code § 41-99-5, which requires that the MDH develop an audit process to assure that grant monies are used to provide and expand care to the uninsured and medically indigent.

SOURCE: Miss. Code Ann. §41-99-5

Rule 6.6.2. Monitoring the progress of the grantees of MQHC Grant funds is an important function of the grantee and the MDH, to ensure that the objectives of the MQHC Grant Program are met. Through monitoring of grantee activities, both grantees and the MDH can demonstrate that funds are being utilized effectively to provide primary health care for uninsured or medically indigent patients.

SOURCE: Miss. Code Ann. §41-99-5

Rule 6.6.3. The monitoring process will include on-site visitation, submission and review of progress reports, and telephone consultation (may be conducted if necessary).

SOURCE: Miss. Code Ann. §41-99-5

Rule 6.6.4. Grantees will be required to submit a six month progress report as a part of the monitoring requirement. The MDH will mail the six month progress report packet to grantees. Failure to submit a six month progress report constitutes a monitoring finding.

SOURCE: Miss. Code Ann. §41-99-5

Rule 6.6.5. The MDH will conduct at least one monitoring site visit per state fiscal year for each MQHC Grant Program grantee. During the monitoring site visit, actual implementation of the proposed MQHC Grant project will be verified, grantees' progress will be assessed, and technical assistance will be available. Additional monitoring site visits during the state fiscal year may be conducted if deemed necessary.

SOURCE: Miss. Code Ann. §41-99-5

Rule 6.6.6. Grantees will be notified in writing of the results of the monitoring site visit, of any monitoring findings, and the requirements of corrective actions.

SOURCE: Miss. Code Ann. §41-99-5

Rule 6.6.7. Grantees are required to submit a corrective plan of action to the MDH within fifteen (15) calendar days of the date of the notice from the MDH of any monitoring findings. The corrective plan of action must include an implementation date.

SOURCE: Miss. Code Ann. §41-99-5

Rule 6.6.8. If necessary, the MDH may conduct follow-up monitoring site visits to verify implementation of corrective plans of action.

SOURCE: Miss. Code Ann. §41-99-5

Rule 6.6.9. Failure of a grantee to address any monitoring findings will result in a violation of the minimum requirements for consideration of future proposals/applications for the MQHC Grant Program.

SOURCE: Miss. Code Ann. §41-99-5

Subchapter 7.MQHC GRANT PROGRAM PROJECT CLOSEOUTS

Rule 6.7.1. Mississippi Code § 41-99-5 Section 5 (c) requires each grantee to submit a yearly report to the MDH detailing the number of additional uninsured and medically indigent patients cared for, and the types of services provided. The MDH has developed a Mississippi Qualified Health Center Grant Program project close-out packet to meet this legislative directive.

SOURCE: Miss. Code Ann. §41-99-5

Rule 6.7.2. Self-monitoring of the MQHC project's progress and outcomes is an equally important activity for MQHC Grantees. Information tracking mechanisms should be established at the beginning of the grant period, so that information is consistently collected throughout the life of the grant project. Not only is this tracking valuable for reporting purposes to the MDH, but it also allows the grantee to evaluate if its project is meeting the grantee's individual MQHC program goals.

SOURCE: Miss. Code Ann. §41-99-5

Rule 6.7.3. The project close-out packet provides information regarding the achievement of the legislative objectives of the MQHC Grant program and also helps to ensure that all applicable administrative actions and all listed activities of the grantee's MQHC project have been completed in accordance with the grant proposal and contract agreement.

SOURCE: Miss. Code Ann. §41-99-5

Rule 6.7.4. The MDH will mail two (2) MQHC Grant Program project close-out packets to all grantees. Grantees will provide information regarding MQHC Utilization Assessment, the actual accomplishments of the project (in terms of the service area, scope of services provided, and target population served), patient information data, certification regarding cash balance, and final budget information.

SOURCE: Miss. Code Ann. §41-99-5

Rule 6.7.5. Two (2) MQHC Grant Program project close-out packets bearing the original signatures (in blue ink) of grantee's Chief Executive Officer are due in the Office of Primary Care Liaison at the MDH by the indicated due date.

SOURCE: Miss. Code Ann. §41-99-5

Rule 6.7.6. Failure of a grantee to submit complete project closeout packets to the MDH will result in a violation of the minimum requirements for consideration of future proposals/applications for the MQHC Grant Program.

SOURCE: Miss. Code Ann. §41-99-5

Appendix One

CERTIFICATION SECTION

I certify that I have read and fully understand the terms and conditions of the Mississippi Appalachian Regional Commission “ARC” J-1 Visa Waiver Program Guidelines.

Signature of J-1 Visa Physician

Date

I certify that I have read and fully understand the terms and conditions of the Mississippi Appalachian Regional Commission “ARC” J-1 Visa Waiver Program Guidelines.

Signature of Chief Executive Officer

Date